

PTO/SB/17 (10-03)

Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEET TRANSMITTAL</b> <b>for FY 2004</b>		Complete If Known																																																																																																																																																																																																																										
		Application Number <b>09/889515</b> Filing Date <b>October 10, 2001</b> First Named Inventor <b>Alan Wellington Faull</b> Examiner Name <b>R. Shiao</b> Art Unit <b>1626</b> Attorney Docket No. <b>ASZD-P01-471</b>																																																																																																																																																																																																																										
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<b>METHOD OF PAYMENT</b> (check all that apply) <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td><input type="checkbox"/> Check</td><td><input type="checkbox"/> Credit Card</td><td><input type="checkbox"/> Money Order</td><td><input type="checkbox"/> Other</td><td><input type="checkbox"/> None</td></tr> <tr><td colspan="5"><input checked="" type="checkbox"/> Deposit Account:</td></tr> <tr><td colspan="5">Deposit Account Number <b>18-1945</b></td></tr> <tr><td colspan="5">Deposit Account Name <b>Ropes &amp; Gray LLP</b></td></tr> <tr><td colspan="6">The Director is authorized to: (check all that apply)</td></tr> <tr><td colspan="2"><input checked="" type="checkbox"/> Charge fee(s) indicated below</td><td colspan="2"><input type="checkbox"/> Credit any overpayments</td><td colspan="2"></td></tr> <tr><td colspan="2"><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)</td><td colspan="2"></td><td colspan="2"></td></tr> <tr><td colspan="6">Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</td></tr> </table>						<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Deposit Account:					Deposit Account Number <b>18-1945</b>					Deposit Account Name <b>Ropes &amp; Gray LLP</b>					The Director is authorized to: (check all that apply)						<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Credit any overpayments				<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)						Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																																																																																																																																																
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ADDITIONAL FEES</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th colspan="3"></th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td></td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>60</td><td>2052</td><td>25</td><td></td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td></td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td></td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>1804</td><td>820*</td><td>1804</td><td>820*</td><td></td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td></td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td></td><td>Extension for reply within first month</td><td>110.00</td></tr> <tr><td>1232</td><td>420</td><td>2252</td><td>210</td><td></td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td></td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td></td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td></td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td></td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td></td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td></td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td></td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td></td><td>Petition to revive - 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Name (Print/Type)	<b>David P. Halstead, Ph.D.</b>		Registration No. (Attorney/Agent)	<b>44,735</b>																																																																																																																																																																																																																								
Signature			Telephone	(617) 951-7615																																																																																																																																																																																																																								
Date					June 7, 2004																																																																																																																																																																																																																							

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-0707, on the date shown below.

Dated: **June 7, 2004**

Signature: (Mary Jane DiPalma)

PTO/SB/22 (08-03)

Approved for use through 7/31/2008. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket No. (Optional) ASZD-P01-471										
In re Application of      Faull et al.												
Application Number 09/889515		Filed October 10, 2001										
For:      ANTI-INFLAMMATORY INDOLE-DERIVATIVES												
Art Unit      1626		Examiner      R. Shiao										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table border="1"> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$ 110.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1945</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  <input type="checkbox"/> attorney or agent of record. Registration Number _____  <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).  Registration number if acting under 37 CFR 1.34(a) <u>44,735</u></p> <p><u>June 7, 2004</u>  Date</p> <p><u>(617) 951-7615</u>  Telephone Number</p> <p><u>Signature</u>  Signature</p> <p>David P. Halstead, Ph.D.  Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
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<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____											

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Dated: June 7, 2004      Signature: Mary Jane DiPalma (Mary Jane DiPalma)